



# Department of Defense **DIRECTIVE**

**NUMBER 6490.02E**

February 8, 2012

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USD(P&R)

**SUBJECT:** Comprehensive Health Surveillance

**References:** See Enclosure 1

1. **PURPOSE.** This Directive:

- a. Reissues DoD Directive (DoDD) 6490.02E (Reference (a)) and incorporates and cancels Deputy Secretary of Defense Memorandum (Reference (b)).
- b. Establishes policy and assigns responsibilities for routine, comprehensive health surveillance of all DoD personnel throughout their military service or DoD civilian employment.
- c. Establishes the Armed Forces Health Surveillance Center (AFHSC) as the single source for DoD-level health surveillance information.
- d. Designates the Secretary of the Army as the DoD Executive Agent (EA) for the AFHSC in accordance with DoDD 5101.1 (Reference (c)).

2. **APPLICABILITY.** This Directive applies to:

- a. OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff (CJCS) and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the Department of Defense, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (hereinafter referred to collectively as the "DoD Components").
- b. The DoD Civilian Expeditionary Workforce (CEW) consistent with DoDD 1404.10 (Reference (d)).

3. **DEFINITIONS.** See Glossary.

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4. POLICY. It is DoD policy that:

a. Comprehensive health surveillance is an important element of force health protection (FHP) programs to promote, protect, and restore the physical and mental health of DoD personnel throughout their military service and employment, both in garrison and during deployment, consistent with Reference (d) and DoDD 4715.1E (Reference (e)).

b. Comprehensive, continuous, and consistent health surveillance shall be conducted by the Military Services to implement early intervention and control strategies using technologies, practices, and procedures in a consistent manner across the DoD Components pursuant to this Directive.

c. Medical surveillance systems shall continuously capture data about individual and population health status, instances of disease and injury, medical interventions (such as immunizations, treatments, and medications), stress-induced casualties, combat casualties, and medical evacuations to permit analysis, interpretation, and reporting of population-based information for identifying, characterizing, and countering threats to the DoD population's health, well-being, and performance.

d. Health surveillance systems shall continuously capture data on occupational and environmental exposures to potential and actual health hazards and link with medical surveillance data to monitor the health of the DoD's population and identify potential risks to health, thereby enabling timely interventions to prevent, treat, or control disease and injury and reinforce the provision of optimal medical care.

e. Medical and personnel information systems, to include Reserve Components and DoD civilians, shall be designed, integrated, and utilized so as to be compatible with military health surveillance objectives.

f. Health surveillance activities shall be prioritized based upon the greatest beneficial impact on commanders' FHP planning, response, and decision making.

g. There shall be a DoD Serum Repository (DoDSR) for future clinical diagnosis and sero-epidemiologic studies. The DoDSR shall be used for the identification, prevention, and control of diseases associated with military and DoD CEW service.

h. Applicable health surveillance activities shall include DoD CEW, in accordance with Reference (d), directly supporting deployed forces. Health surveillance shall also include dependents residing either in garrison or overseas with their military sponsor during a possible exposure or public health event.

i. Medical and health surveillance data collected on individual Service members shall be provided to the Department of Veterans Affairs upon their separation or retirement (or when specifically requested and agreed to) from the military.

j. Health and medical surveillance information collected, used, and released in the execution of this Directive shall be protected as required by DoDD 5400.11 (Reference (f)), DoD 5400.11-R (Reference (g)), and DoD 6025.18-R (Reference (h)).

5. RESPONSIBILITIES. See Enclosure 2.

6. INFORMATION CAPABILITIES. See Enclosure 3.

7. INFORMATION COLLECTIONS REQUIREMENTS. The health surveillance data collected for the purposes of monitoring the individual and collective health of the DoD population before, during, and following deployment operations referred to in this issuance is exempt from licensing requirements in accordance with DoD 8910.1-M (Reference (i)), according to subparagraph C4.4.10.

8. RELEASABILITY. UNLIMITED. This Directive is approved for public release and is available on the Internet from the DoD Issuances Website at <http://www.dtic.mil/whs/directives>.

9. EFFECTIVE DATE. This Directive is effective upon its publication to the DoD Issuances Website.

A handwritten signature in black ink, appearing to read 'Ashton B. Carter', is centered on the page.

Ashton B. Carter  
Deputy Secretary of Defense

Enclosures

1. References
2. Responsibilities
3. Information Capabilities

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 6490.02E, "Comprehensive Health Surveillance," October 21, 2004 (hereby cancelled)
- (b) Deputy Secretary of Defense Memorandum, "Establishing an Armed Forces Health Surveillance Center," February 26, 2008 (hereby cancelled)
- (c) DoD Directive 5101.1, "DoD Executive Agent," September 3, 2002
- (d) DoD Directive 1404.10, "DoD Civilian Expeditionary Workforce," January 23, 2009
- (e) DoD Directive 4715.1E, "Environment, Safety, and Occupational Health (ESOH)," March 19, 2005
- (f) DoD Directive 5400.11, "DoD Privacy Program," May 8, 2007
- (g) DoD 5400.11-R, "Department of Defense Privacy Program," May 14, 2007
- (h) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003
- (i) DoD 8910.1-M, "Department of Defense Procedures for Management of Information Requirements," June 30, 1998
- (j) DoD Directive 5136.01, "Assistant Secretary of Defense for Health Affairs (ASD(HA)),," June 4, 2008
- (k) DoD Instruction 6420.01, "National Center for Medical Intelligence (NCMI),," March 20, 2009
- (l) DoD Directive 5134.01, "Under Secretary of Defense for Acquisition, Technology, and Logistics (USD(AT&L)),," December 9, 2005
- (m) DoD Instruction 6200.03, "Public Health Emergency Management Within the Department of Defense," March 5, 2010
- (n) DoD Directive 6200.04, "Force Health Protection (FHP)," October 9, 2004

ENCLOSURE 2

RESPONSIBILITIES

1. ASSISTANT SECRETARY OF DEFENSE FOR HEALTH AFFAIRS (ASD(HA)). The ASD(HA), through the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness (DASD(FHP&R)), under the authority, direction, and control of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)), and pursuant to DoDD 5136.01 (Reference (j)) and consistent with Reference (e), shall:

a. Exercise overall responsibility for comprehensive health surveillance, issue guidance as necessary to implement the policies of this Directive, and monitor the implementation of this Directive and implementing guidance.

b. Ensure effective medical and health surveillance activities throughout the DoD.

c. Establish the Force Health Protection Integration Council (FHPIC) as the advisory Board of Governors for the AFHSC with the role of approving the AFHSC Director and providing AFHSC with policy guidance.

2. ASSISTANT SECRETARY OF DEFENSE FOR RESERVE AFFAIRS (ASD(RA)). The ASD(RA), under the authority, direction, and control of the USD(P&R), shall:

a. Implement programs and procedures to assist accomplishment of overall health surveillance.

b. Evaluate and recommend changes or improvements to the overall health surveillance program to the ASD(HA) through the FHPIC.

3. DEPUTY ASSISTANT SECRETARY OF DEFENSE FOR CIVILIAN PERSONNEL POLICY (DASD(CPP)). The DASD(CPP), under the authority, direction, and control of the USD(P&R), shall ensure that the policies for the DoD CEW are consistent with the health surveillance policies established for the Military Services.

4. UNDER SECRETARY OF DEFENSE FOR INTELLIGENCE (USD(I)). The USD(I) shall:

a. Ensure that the Director, Defense Intelligence Agency, through the National Center for Medical Intelligence (NCMI) and in accordance with DoD Instruction (DoDI) 6420.01 (Reference (k)), provides timely warning and projection of significant infectious disease and environmental health risks to U.S. personnel abroad and within the United States; analysis of foreign developments in life science technology and countermeasure development; and analysis

on health trends, foreign health diplomacy, military and civilian health system capabilities, and biosafety and biosecurity policies.

b. Provide, through the National Geospatial-Intelligence Agency, environmental assessments for use in planning health surveillance activities.

5. UNDER SECRETARY OF DEFENSE FOR ACQUISITION, TECHNOLOGY, AND LOGISTICS (USD(AT&L)). The USD(AT&L) shall, consistent with References (e) and DoDD 5134.01 (Reference (l)), align the environment, safety, and occupational and environmental health programs with comprehensive health surveillance activities.

6. HEADS OF THE DoD COMPONENTS. The Heads of the DoD Components shall:

a. Implement programs and procedures to ensure compliance with this Directive and implementing guidance.

b. Provide appropriate medical support and training, equipment, and supplies to implement health and medical surveillance within and, where applicable, jointly across their respective Components.

c. Evaluate and recommend changes or improvements to the overall health surveillance program to the ASD(HA) through the FHPIC.

d. Implement programs and procedures to collect, interpret, report, and archive garrison and deployment occupational and environmental health surveillance data.

e. Utilize the Electronic Surveillance System for the Early Notification of Community-Based Epidemics for routine surveillance and outbreak detection, in accordance with DoDI 6200.03 (Reference (m)). Implement procedures to report disease incidences or outbreaks constituting a public health emergency, or defined as a Tri-Service Reportable Event. The Tri-Service Reportable Event list is officially posted by the AFHSC.

f. Implement programs to provide surveillance of deployer health assessments in accordance with DoDD 6200.04 (Reference (n)).

g. Support the DoD EA for AFHSC by jointly resourcing the AFHSC to adequately support its mission.

h. Establish career paths for epidemiologists that recognize the key contributions of such professionals and provides access to appropriate career-broadening opportunities.

7. SECRETARY OF THE ARMY. The Secretary of the Army, in addition to the responsibilities in section 6 of this enclosure, shall:

a. Serve as the DoD EA for the AFHSC:

(1) Providing oversight in conjunction with an advisory Board of Governors representing the DoD Components.

(2) Providing a supporting work force and facilities for the AFHSC with funding through the Defense Health Program.

b. Provide for the collection and archiving of all DoD deployment occupational and environmental health surveillance data and reports.

8. CJCS. The CJCS, in addition to the responsibilities in section 6 of this enclosure, and in coordination with the Commanders of the Combatant Commands, shall monitor the implementation of the policies of this Directive and implementing guidance, and provide Combatant Command operational requirements information to AFHSC and NCMI, to assist them in refining processes and products.

9. COMMANDERS OF THE COMBATANT COMMANDS. The Commanders of the Combatant Commands, in addition to the responsibilities in section 6 of this enclosure, and in coordination with the CJCS, shall ensure that the policies of this Directive and implementing guidance are executed during all operations, and provide Combatant Command operational requirements information to AFHSC and NCMI, to assist them in refining processes and products.

10. DIRECTOR, AFHSC. The Director, AFHSC, shall:

a. Provide DoD-level strategic health surveillance.

b. Acquire and integrate all relevant population data, health event data, and exposure data from across the Services.

c. Maintain central health surveillance databases, registries, and archives in order to detect and characterize natural, accidental, and deliberate threats to physical, mental, and dental health; operational effectiveness; and general well-being of military and military-associated populations.

d. Develop, analyze, and report timely, actionable health surveillance information for commanders, policy makers, planners, health care providers, researchers, and others on known, emerging, and potential health threats. When appropriate, conduct these actions in consultation with NCMI.

e. Establish and refine standardized, reproducible DoD health surveillance methods.



- f. Track compliance and effectiveness of health surveillance data collection and reporting requirements.
- g. Provide appropriate access to health surveillance data for both DoD and external analysts and researchers and serve as a focal point for sharing AFHSC products and expertise.
- h. Establish a process to validate methods and results to assure consensus within the DoD, and to provide explanation(s) for any limitations or uncertainty in AFHSC products in a method that is intelligible to DoD leaders, Congress, and the public.
- i. Coordinate roles, methods of information sharing, and mutually supportive relationships among the Military Services' health surveillance organizations; other DoD health surveillance activities; Service installation-level health surveillance functions; and non-DoD organizations (local, State, national, and international health organizations).
- j. Serve as a primary proponent for health surveillance training and education by providing and promoting educational and training opportunities in techniques and practices of epidemiology and surveillance.
- k. Maintain and operate the Defense Medical Surveillance System (DMSS), the DoDSR, and the Global Emerging Infections Surveillance and Response System (GEIS).

ENCLOSURE 3

INFORMATION CAPABILITIES

Paragraphs a through e of this enclosure list the information technology capabilities required to carry out the responsibilities specified in this Directive:

- a. The ability to collect, retrieve, store, and archive self-reported assessments on deploying, deployed, or recently returned DoD personnel in the electronic health record.
- b. The ability to collect, retrieve, store, and archive medical information, pertaining to individuals treated in the Military Health System (MHS), in an electronic system that may have limited or intermittent connectivity to the Internet.
- c. The ability to collect, retrieve, store, and archive occupational and environmental health information in an electronic system that may have limited or intermittent connectivity to the Internet.
- d. The ability to synchronize the medical or environmental information with the MHS electronic health record when connectivity to the Internet is established.
- e. The ability to conduct medical and environmental surveillance for diseases and hazards, and report as requested or alert when relevant threshold criteria are met.

## GLOSSARY

### PART I. ABBREVIATIONS AND ACRONYMS

AFHSC	Armed Forces Health Surveillance Center
ASD(HA)	Assistant Secretary of Defense for Health Affairs
ASD(RA)	Assistant Secretary of Defense for Reserve Affairs
CEW	Civilian Expeditionary Workforce
CJCS	Chairman of the Joint Chiefs of Staff
DASD(CPP)	Deputy Assistant Secretary of Defense for Civilian Personnel Policy
DASD(FHP&R)	Deputy Assistant Secretary of Defense for Force Health Protection and Readiness
DMSS	Defense Medical Surveillance System
DoDD	DoD Directive
DoDI	DoD Instruction
DoDSR	DoD Serum Repository
EA	Executive Agent
FHP	force health protection
FHPIC	Force Health Protection Integration Council
GEIS	Global Emerging Infections Surveillance and Response System
MHS	Military Health System
NCMI	National Center for Medical Intelligence
USD(AT&L)	Under Secretary of Defense for Acquisition, Technology, and Logistics
USD(I)	Under Secretary of Defense for Intelligence
USD(P&R)	Under Secretary of Defense for Personnel and Readiness

## PART II. DEFINITIONS

These terms and their definitions are for the purpose of this Directive.

comprehensive military health surveillance. Health surveillance conducted throughout Service members' military careers and DoD civilian employees' employment, across all duty locations, and encompassing risk, intervention, and outcome data. Such surveillance is essential to the evaluation, planning, and implementation of public health practice and prevention and must be closely integrated with the timely dissemination of information to those who can act upon it.

DMSS. An executive information system whose database contains up-to-date and historical data on diseases and medical events (e.g., hospitalizations, ambulatory visits, reportable diseases, Human Immunodeficiency Virus tests, acute respiratory diseases, and health risk appraisals) and longitudinal data on personnel and deployments.

DoDSR. A repository used for the identification, prevention, and control of diseases associated with military and DoD CEW service. The mission of the DoDSR for medical surveillance is for future clinical diagnosis and sero-epidemiologic studies.

FHPIC. An advisory Board of Governors established by the ASD(HA) for the AFHSC. The DASD(FHP&R) chairs the FHPIC, and Council membership includes the Military Services' Deputy Surgeons General, the Medical Officer of the Marine Corps, the Joint Staff Surgeon (also representing the Combatant Command Surgeons), and senior officials from the MHS and DoD Components.

GEIS. A system that serves FHP by countering infectious diseases. GEIS conducts prioritized surveillance and response for emerging, and re-emerging, infectious diseases within the military and in select foreign civilian populations through DoD overseas medical research laboratories. GEIS focuses on diseases that threaten U.S. forces and their families, including newly appearing infectious agents or well-known agents that are increasing in incidence or geographic range.

health surveillance. The regular or repeated collection, analysis, and interpretation of health-related data and the dissemination of information to monitor the health of a population and to identify potential risks to health, thereby enabling timely interventions to prevent, treat, or control disease and injury. It includes occupational and environmental health surveillance and medical surveillance.

medical surveillance. The ongoing, systematic collection, analysis, and interpretation of data derived from instances of medical care or medical evaluation, and the reporting of population-based information for characterizing and countering threats to a population's health, well-being, and performance.

occupational and environmental health surveillance. The regular or repeated collection, analysis, archiving, interpretation, and dissemination of occupational and environmental health-related data for monitoring the health of, or potential health hazard impact on, a population and

individual personnel, and for intervening in a timely manner to prevent, treat, or control the occurrence of disease or injury when determined necessary.

United States. The physical region that includes the continental United States, Alaska, Hawaii, United States possessions and territories, and surrounding territorial waters and airspace.